



SUSSEX COUNTY
COMMITTEE FOR THE AGING / ADULTS WITH PHYSICAL DISABILITIES
AGENDAS AND MINUTES

ADVISORY COMMITTEE ON AGING

AND

ADULTS WITH PHYSICAL DISABILITIES

FOR SUSSEX COUNTY

Minutes of Meeting

Monday, March 19, 2012

A meeting of the Advisory Committee on Aging and Adults with Physical Disabilities for Sussex County was held on Monday, March 19, 2012, at 10:00 a.m. at the Milton CHEER Center, 13275 Reynolds Road, Milton, Delaware. The following members were present:

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| 1. Sally Beaumont | 7. Sandy Quillin (non-voting) |
| 2. Ruth Beideman | 8. Francine Shockley |
| 3. Vance Daniels, Sr. | 9. Anna Short |
| 4. Robert Draine, Sr. | 10. Fran Smith |
| 5. Raymond Moore | 11. John Williams |
| 6. James Moseley | |

Also in attendance were Janet Villarreal, Planner, Delaware Division of Services for Aging and Adults with Physical Disabilities; Janice Moseley, Secretary/Treasurer, Seaford Chapter, AARP; Patsy Bennett-Brown, President, Sussex County Amputee Support Group; Ken Bock, Deputy Director, CHEER; Linda Connors, Delaware Division of Substance Abuse and Mental Health (DSAMH); Josie MacLaine, Sexual Assault Services Coordinator, ContactLifeline; Fran Burnham, First State Community Action Agency; Jamie Magee, Alzheimer's Association; Dawn Culp, Bayhealth, Dover; Kathy Keating, Nanticoke Memorial Hospital, Seaford; Bonnie O'Day, Adams State Service Center, Georgetown; Chip Guy, Sussex County Communications Director; Joan R. Deaver, Sussex County Councilwoman, District No. 3; Antoinette M. Brown, Milton; Esther Knapp, Milton; Joyce Koehler, Milton; Dinah Jones, Milton; Bernice Johnson, Ellendale; Mary Townsend, Milton; George Cooke, Bridgeville;

Janet Downes, Milford; Jeanne Dukes, Georgetown; “Jersey” Jeanné Goldy-Sanitate, Rehoboth Beach; Clara Thompson, Milford; Karen Elliott, Frankford; and other members of the Milton CHEER Center.

Call to Order

Ms. Beaumont called the meeting to order and welcomed everyone on behalf of the Advisory Committee. For those who may not know, Ms. Beaumont advised that the Committee is comprised of 11 members from the five councilmanic districts in Sussex County. Meetings take place bimonthly at the County’s West Administrative Complex in Georgetown or various other locations throughout the County.

Ms. Beaumont introduced Francine Shockley, Director of the Milton CHEER Center, and thanked her for the use of the Center in hosting the Advisory Committee’s meeting. Ms. Shockley again welcomed everyone and advised that the Center moved to its current location at 13275 Reynolds Road in August 2011. As a relatively new Center, they are attempting to increase attendance by offering programs and services specific to the community. Ms. Shockley stated that suggestions to improve the Center are always appreciated, and welcomed everyone back at any time.

Kudos to Ruth Ann Beideman

Ms. Beaumont took the opportunity to congratulate Ruth Ann Beideman on being recognized with a Proclamation from the City of Milford commending her service to the people of Milford, as well as Tributes from the Delaware House of Representatives and Office of the Governor for outstanding contributions to the community, and dedication and service in meeting the needs of the senior community in Kent and Sussex County.

Approval of Minutes

A Motion was made by Mr. Moore, seconded by Ms. Smith, to approve the minutes of January 23, 2012, as distributed. Motion Adopted by Voice Vote.

Correspondence

Ms. Short advised that three additional requests for information pertaining to future meetings of the Committee have been received from the following individuals:

Karen Cortez, Editor
Vitals Magazine
VitalMagDE@gmail.com

Jim Devone, State Coordinator
AARP CARFIT-WNTT
11 Marathon Drive

Seaford, DE 19973

Catherine McKelvey

National Alliance of Mental Illness in Delaware

cmckelvey@NAMIDE.org

Guest Speaker

Ms. Short introduced guest speaker Janet Villarreal, Planner with the Delaware Division of Services for the Aging and Adults with Physical Disabilities. Ms. Villarreal thanked everyone for coming and distributed hard copies of a PowerPoint presentation introducing *Diamond State Health Plan Plus* (DSHP-Plus). Diamond State Health Plan Plus is a mandatory managed long-term care plan which integrates nursing facility (NF) services and home- and community-based services (HCBS) for the elderly and adults with physical disabilities into the existing managed care delivery system. Ms. Villarreal explained that the Division of Medicaid & Medical Assistance (DMMA) is making changes to the current Medicaid program whereby current Medicaid-covered services will be received through one of two managed care organizations; namely, Delaware Physicians Care, Inc. (DPCI), or United Healthcare Community Plan. Below is a summary of the information contained in the PowerPoint presentation.

Ms. Villarreal stated that Diamond State Health Plan Plus goes into effect April 1, 2012, and will affect every Medicaid recipient in the State of Delaware. DSHP-Plus is a managed care approach to service delivery designed to increase access to community-based services by providing decreased fragmentation and improved care coordination. As of April 2012, there will be one central intake statewide and one central medical determination, with financial eligibility established under DMMA. Populations included in DSHP-Plus consist of Medicaid recipients in nursing facilities, existing elderly and disabled and AIDS waiver participants, community full duals (those in the community who are receiving full Medicare/Medicaid), and Medicaid for Workers with Disabilities (MWD) recipients. Money Follows the Person (MFP) will also be incorporated into DSHP-Plus. Populations excluded in the expansion consist of individuals in the Developmental Disability waiver, individuals residing in ICF/MRs such as the Stockley Center or Mary Campbell Center, partial duals, State-only/non-Medicaid groups, individuals who choose to enroll in the Program for All Inclusive Care for the Elderly (PACE), those only in need of the 30-day acute care hospital program, and out-of-state rehab placements at the time of implementation of DSHP-Plus.

Following along with the PowerPoint, Ms. Villarreal noted the goals of DSHP-Plus:

- Increase options for those who need long-term care by expanding access to HCBS.

- Increase coordination of care, transitions in care, and supports to maintain/improve health status
 - Avoid/divert need for costly NF services
 - Serve consumers in cost-effective settings that meet their needs
- Give consumers more choice and a greater voice
- Begin to improve care coordination for dual eligibles to maintain health/functional status
- Create a budget structure that allows resources to shift from institutions to community-based services and promote more care coordination

Benefits of DSHP-Plus include case management services, nursing facility care, assisted living care, personal care services, respite care, home delivered meals, day habilitation, cognitive services, consumer directed attendant care, transition services, adult day services, personal emergency response, nutritional supplements for the AIDS population, and home modifications.

The question was raised if CHEER would be one of the providers under the new DSHP-Plus program, since their services have been very satisfactory in the past. Ms. Villarreal stated that the managed care organizations have been asked by the Division of Medicaid & Medical Assistance to contract with all of the existing vendors who are currently contracting under the elderly and disabled or AIDS waivers so there is a continuity of care. Therefore, any individual receiving personal care services through CHEER for example, would continue with those services. Mr. Bock noted that CHEER is currently negotiating contract terms with both managed care organizations and it is their goal to have something in place with each agency prior to the April 1 deadline.

Ms. Beaumont inquired about financial eligibility requirements under the new program and was advised that anyone who is currently receiving services under the elderly and disabled or AIDS waivers will roll over and become part of DSHP-Plus. That is the expectation.

For those who may not be familiar with the acronym CMS, CMS is the Center for Medicare and Medicaid Services on the Federal level. This is the Federal agency that operates the Medicare and Medicaid programs, and it is the agency that the State of Delaware must answer to in developing a program like DSHP-Plus. These shared programs between the Federal and State government are funded on a 50/50 basis.

Enrollment at implementation of DSHP-Plus is estimated at approximately 31 percent for nursing home residents, 18 percent for home- and community-based services (individuals currently receiving services under Medicaid waivers such as the elderly

and disabled or AIDS waivers), and 51 percent for other full duals (individuals with Medicare and Medicaid not receiving any long-term care services right now, but receiving medical services).

In summary, effective April 1, 2012, Diamond State Health Plan-Plus will provide a managed care approach to service delivery, increased access to home- and community-based services, as well as decreased fragmentation and improved care coordination for the elderly and adults with physical disabilities in the State of Delaware.

Additional questions regarding Diamond State Health Plan-Plus can be directed to dhss_dmmd_dshp_plus@state.de.us, or the DMMA website at <http://dhss.delaware.gov/dhss/dmmd/dshpplus.html>. Individuals without computer access may contact the Aging and Disability Resource Council (ADRC) or call 2-1-1, the State's health and human service provider information line, for further guidance.

Ms. Beaumont thanked Ms. Villarreal on behalf of the Advisory Committee for a presentation very well done.

Old Business/New Business

Ms. Beaumont advised that she would be combining the "Old Business" and "New Business" portions of the agenda due to the fact that the items listed under both headings pertain to the Advisory Committee's Strategic Plan for 2011-2012.

By way of review, Ms. Beaumont reported that the Committee has been working over the past year on a strategic plan in terms of what can be done to serve more people in getting issues and information back to the communities of Sussex regarding services for the elderly and those with physical disabilities. Three subcommittees were formed to address specific tasks, with the ultimate goal to present the strategic plan in each of the five councilmanic districts, discuss the needs/issues identified, and rate them in terms of each community.

GOAL NO. 1 SUBCOMMITTEE

The charge of the subcommittee for Goal No. 1 was to develop a profile of present and projected 5- and 10-year elderly and disabled population needs throughout Sussex County. Ms. Beideman is Chair of the group, along with members Ken Bock, Linda Connors, Fran Smith, Patsy Brown, Vance Daniels, and Sally Beaumont. After restating the mission of the Advisory Committee—to increase dialogue, make recommendations to Sussex County Council, and give support, assistance, and advice on significant issues and programs that may affect the lives of the County's aging and

adults with physical disabilities populations—Mr. Bock provided the following PowerPoint presentation of their particular task and findings:

❖ **Identify growth rates by age group for seniors localized within the County**

Findings:

- Senior growth will account for 62 percent of Delaware’s growth in the next decade, by far the fastest growing segment of the population in Delaware.
- Delaware 60+ population began to spike in 2005 and will continue to increase for the next 20 years.
- Oldest senior population 85+ will double between 2005 and 2020, and double again by 2040—these will be seniors most in need of critical care services.
- By 2030, Delaware will have the ninth highest population of persons 65+ among all states.
- By 2020, the State population will grow by 10 percent, but senior population will grow by 41 percent. The population of younger adults between 20 and 29 will not grow.
- Senior immigrants to Delaware will tend to have higher incomes, more wealth, more education, and higher home ownership rates. Initially, they make fewer demands on social service networks.
- In-migration will account for 57 percent of population growth in Sussex, as opposed to six percent in New Castle and 18 percent in Kent, through 2020.
- Number of Sussex seniors will triple between 2000 and 2030, reaching 90,000.
- 33 percent of Sussex residents will be seniors in 2030 compared to 24 percent statewide.

❖ **Identify growth rates for the disabled population within the County**

Findings:

- Delaware spends approximately 88 percent of long-term funds in institutions— nationwide only 66 percent.
- Delaware is 49th in percent of funds for institutional care.
- Working to obtain additional information pertaining to the disabled population within Sussex County.

❖ **Identify age development growth/housing 55+ communities**

Findings:

- State is proposing to spend \$3M with Housing Authority for housing vouchers to relocate institutionalized clients, elderly and disabled, to community-based residences.
- More affluent retirees locating along coastal areas, while long-term seniors are

scattered throughout inland Sussex County.

- 87 percent of Delaware seniors between 65 and 74 own their own homes.
- During past 10 years, the number of residential nursing jobs in Sussex increased 554 positions.
- Nationwide availability of accessible housing, or homeowners’ ability to have resources to make homes accessible, is growing problem.
- Lewes, Ocean View, Rehoboth and Bethany attract retirees—40 percent of Lewes population is seniors.
 - * Seaford – 21 percent
 - * Georgetown – 14 percent
 - * Laurel – 9 percent
 - * Millsboro – 36 percent
 - * Bethany – 43 percent
 - * Ocean View – 29 percent
 - * Rehoboth – 37 percent
 - * Lewes – 40 percent

❖ **Review grant-in-aid senior center survey of service/usage**

Findings:

- State Division of Aging is proposing only one percent increase to contract providers.
- Projections for Delaware economy are slow growth compared to nation and State’s past performance—slow growth in revenue.
- Number of seniors will be increasing at faster rate than increase in wage-earning taxpayers.
- \$7.9M grant-in-aid (GIA) funding allocated to 44 senior centers
 - 13 centers in Sussex receive \$2.1M
- GIA formula based on population aged 60+, low-income senior population, and population aged 75+.
- Second tier of GIA funding involves performance in service areas—key core areas are transportation, nutrition (congregate), and social/recreational services.
- Levels of services offered in senior centers consistent for transportation and nutrition, with increase in centers offering health and wellness, fitness, and educational programs.

❖ **Develop national profile of needs by age groups – apply to local population**

Findings:

- Healthcare costs increase exponentially as seniors age beyond late 70’s.
- 25 percent of all adults 40 years or older are caregivers.
- Delaware’s Medicaid spending currently accounts for almost 20 percent of State operating budget—unsustainable as aging population increases. At the national level, the Medicare fund actually began reducing in 2011 as expenses exceed revenue.

- Weaker economy means donors and foundations have less funds—seeing decreases in these sources locally.
- Social Security constitutes 90 percent of household income for 21 percent of Delaware households.
- By 2030, more than 70M Americans will be aged 60+, double the number in 2000—seniors will be one in five Americans in 2030—older seniors aged 85+ will increase from 5.3M in 2006 to 21M by 2050.
- 12 percent of Delaware senior households have annual incomes in excess of \$100K, while 37 percent have incomes exceeding 50K.
- By 2030, there will be twice as many senior citizens (65+) in America as there were in 2000.
- National recession—public and nonprofit resources for seniors are shrinking.
- Current focus for many areas nationwide is how to maintain, “hold the line,” on current service levels.
- In recent 2009 national survey, persons 65+ sustained largest increase in poverty growth, increasing by 16 percent during last decade.
- Nationwide areas of progress
 - Specialized training for emergency response personnel in dealing with seniors (although decline in communities with evacuation plans for seniors)
 - Significant growth in the in-home care industry over past decade
 - Expanded educational and training programs for seniors seeking to enrich their lives or better participate in work force
 - Increases in volunteer opportunities for seniors
- Nationwide, senior service challenges in 2010 were (1) financial shortages, (2) transportation, and (3) housing; in 2005, (1) housing, (2) financial, and (3) health.
- Two-thirds of local governments report being able to provide healthcare that meets basic needs of citizens—mostly larger governments.
- Nutrition programs are available in 85 percent of communities nationwide—most by nonprofit and faith-based providers.
- 80 percent of communities report having some level of transportation service available for seniors to local services.
- Communities with subsidized housing for seniors decreased from 70 percent to 63 percent in past five years.
- Volunteer opportunities increased significantly over past five years, with more seniors involved in civic boards, commissions, etc.

❖ **Present summary composition of needs developed by review and research**

Findings:

- House Bill No. 240, Senior Citizen Trust Fund legislation—expected to pass during current session of the General Assembly, creating a dedicated revenue source to help support senior services (increases fines against anyone convicted of a crime against seniors by \$100, with that \$100 going directly into the Trust Fund, estimated to generate as much as \$300,000 in the first year of service).
- State action to reduce paratransit services will have disproportionately adverse impact on Sussex seniors.

Mr. Bock also announced that the State is developing a new State Plan on Aging, which will be a three-year plan. A public hearing will be held on April 27, 2012, from 1:00 to 3:00 p.m. at the CHEER Community Center in Georgetown. Mr. Bock encouraged anyone with interest in this area to attend the public hearing to listen to what the State has to say on this plan and voice their opinion. It is his understanding that the plan will be focusing largely on transition/diversion of people from institutional kinds of service to community-based services, providing caregiver support and information referral services, as well as the personal choice options regarding DSHP-Plus. Mr. Bock noted that 62 percent of Delaware's population growth in the next decade will be seniors—50,000 additional individuals.

For a report on persons with physical disabilities in Sussex County, Ms. Beideman deferred to Patsy Brown. Ms. Brown began with a quote from Richard Carmona, former Surgeon General (2005):

“Today, 54 million Americans—more than one-fifth of us—are living with at least one disability. Some individuals are born with a disability; others acquire disabilities over the course of their lifetime. At any time, each of us is at risk for acquiring a disability, whether through an illness, an injury, genetics, or any number of other causes. With the ‘baby boom’ generation approaching later life, there will be increased numbers of persons with or at risk for a disability. The sheer numbers of persons with disabilities today and tomorrow mean that disability is an issue for the nation as a whole, not just for those of us concerned about public health.”

Ms. Brown went on to state that disability is not an illness. Having a disability, whether it is the loss of a limb, a hearing impairment, or a cognitive disability, does not prevent an individual from feeling healthy, being physically fit, and maintaining good health. Approximately 15 percent of Delaware's population five years and older has a disability [U.S. Census Bureau, 2008], and many of these individuals live with additional health issues. Following are additional statistics made available by

Ms. Brown:

- In March 2011, the State of Delaware population in the three counties—60.3 percent in New Castle County, 22.1 percent in Kent County, and 22.1 percent in Sussex County; of those maintaining they have a disability, 59.3 percent live in New Castle County, 17.6 percent in Kent County, and 23.1 percent in Sussex County (gender, age, marital status, race, employment, education, and income figures were listed on additional handouts).
- In the year 2000, 28 percent of the State's low-income seniors resided in Sussex County. Over the next 20 years, in terms of both seniors and low-income seniors, Sussex County is likely to experience an increase in its share of the State's total.
- 2010 population in Sussex County was 197,145 compared to State of Delaware population of 897,934; growth rate over ten-year period, 2000 to 2010, was 25.9 percent in Sussex County, with 65+ age group increasing 20.8 percent in Sussex County.
- In 1990, 23.3 percent of the State's population was in Sussex County; in the year 2000, 28.6 percent was in Sussex County; and for the year 2030, the projection is that 30.9 percent of seniors will be in Sussex County.
- Between 2000 and 2020, the Sussex County rate of seniors 75+ is expected to increase by 94.3 percent, increases that will practically double the number of elderly 75+.
- In the year 2030,
 - the number of Sussex adults is expected to reach 90,000, more than triple their number in 2000.
 - a four-fold increase is expected for seniors 75+ compared to the State.
 - the number of Sussex adults 85+ will increase dramatically, from 2,600 to nearly 18,000, nearly a seven-fold increase from the year 2000.
- As per Sussex County Senior Services (CHEER), their Nutrition Program served congregate meals to 47 percent of people who were 75+ in 2011, 69 percent of which were homebound meals.

Research states that many persons 85+ are considered disabled due to usage of some form of 'durable medical equipment' such as walkers, canes, wheelchairs, etc.

As the demands of the senior population in Sussex County increase, Ms. Brown stated

there will be a definite need to increase services. With the Delaware Division of Services for Aging and Adults with Physical Disabilities also desiring to let seniors “age in the community,” the need for home-based services will increase as well, along with the need for agencies and medical field personnel to administer said services. In concluding the subcommittee report for Goal No. 1, Ms. Beideman highlighted the summary of needs which are very evident in Sussex County, i.e. transportation, housing, home care services, adult day care services, healthcare, funding for services, nutrition, and financial assistance for persons on very fixed incomes.

GOAL NO. 2 SUBCOMMITTEE

Ms. Beaumont advised there would be no report from the Advocacy Subcommittee (charged with developing a leadership consortium of advocate groups for the elderly and disabled populations in Sussex County to validate needs and identify potential solutions), as their task is contingent on the work of the Communications Subcommittee (Goal No. 3).

GOAL NO. 3 SUBCOMMITTEE

A report of the Communications Subcommittee (to develop, maintain, and strengthen effective two-way communication throughout the County between elderly and disabled service consumers, service providers, and County officials) was given by Ms. Short who advised that she has taken the resource listing and separated it into councilmanic districts. To put a visual with that listing, Ms. Short also provided Committee members with a map showing the five councilmanic districts in Sussex County. The resource list now includes columns showing the district number and type of organization requesting information. In addition, councilmanic district information was presented giving the district number, a physical description of the district boundaries, the Council member for each district, their telephone number, and the Advisory Committee members representing each district. A legend page giving the code for the different types of agencies, i.e. advocacy, church, education, government, home health, nursing home, etc., was also included for the Committee’s information.

Ms. Beaumont also noted that Chip Guy, Sussex County Communications Director, reminded her that the councilmanic district map will change due to redistricting next year; however, there will still only be five districts. The new map will take effect January 2013.

The next step in the strategic plan process is to present the plan to the Sussex County Council, hopefully sometime in April, and request permission to proceed with bringing it to each district. Sixty (60) or more agencies have been identified as being very

interested in becoming part of a consortium, with the ultimate goal of an annual conference to specifically address issues regarding the aging and adults with physical disabilities in Sussex County. The intent is to develop a dialogue in each of the five councilmanic districts where the concerns are specific to the individual areas and make people aware of the resources available to them. Ms. Beaumont stated that although the County does not have the resources or programs in place to address many of these problems, the Council is willing to hear their constituents' needs and work cooperatively at every level to assist in solving issues facing the elderly and those with physical disabilities in Sussex County.

A Motion was made by Ms. Short, seconded by Mr. Moore, that the May meeting of the Advisory Committee be held at the Sussex County West Administrative Complex at 10:00 a.m., to allow for additional discussion regarding the strategic plan. Motion Adopted by Voice Vote.

Public Comment

Ms. Beaumont recognized the following members of the audience who wished to speak:

- “Jersey” Jeanné Goldy-Sanitate of Rehoboth Beach, a disabled veteran, stated that her biggest issue is accessibility—safe accessibility—and Americans with Disabilities Act (ADA) compliance. She has worked on issues with Cape May-Lewes Ferry as well as Harpoon Hanna’s to bring them up to ADA compliance, and her mission is to make Sussex County accessible for wheelchairs.
- Josie MacLaine, Sexual Assault Services Coordinator with ContactLifeline, advised they offer rape crisis services in Kent, Sussex, and New Castle County, noting that the elderly and people with physical disabilities are a very high target population. Anyone that would like additional information may contact Ms. MacLaine at (302) 761-9800.
- Sandy Quillin introduced Cynthia White, the new ADRC Supervisor in her office.
- Linda Connors, Delaware Division of Substance Abuse and Mental Health, announced that there will be a ‘Meet and Greet’ for grandparents raising grandchildren entitled, “Parenting the Second Time Around-Tips and Resources for Grandparents” on Wednesday, March 28, 2012, from 12:00 to 1:30 p.m. at the West Seaford Elementary Parent Resource Center. Everyone is welcome to attend.
- Jamie Magee of the Alzheimer’s Association brought to everyone’s attention a problem she has encountered with reintegrating people back into the community

that have been in a facility, particularly Alzheimer's patients. There is concern that some of the organizations hired to do evaluations are not re-evaluating the home prior to offering this option, causing anger and frustration on the patient's part when it is determined they are not able to go back home.

- Ms. Beideman introduced two Delaware Technical & Community College students working with her as interns at the Milford Senior Center; namely, Janet Downes and George Cooke. Ms. Beaumont asked that the interns keep the Advisory Committee in mind if they are interested in doing any kind of volunteer work on behalf of the Committee.

Additional Business

- Ms. Short announced that Unite Sussex, in partnership with United Way, IMA, and IMAC, have been given a tremendous opportunity to help the people most in need in Sussex County. A grant has been given to Unite Sussex to assist Sussex Countians with rent and utility bills (gas, oil, electric). This grant is for those people who have been denied by other agencies and/or have reached their maximum allowed limit with other agencies. There is a cap on the grant per household. For more information, contact the Faith In Crisis Alleviation Coordinator, Annette, Monday through Thursday, at (302) 732-6550, extension 6.
- For those who may not be aware, Ms. Beaumont noted that in addition to the 11 members of the Advisory Committee representing the five councilmanic districts in Sussex County, Sandy Quillin, Administrator of the Aging and Disability Resource Center, also serves as a non-voting member on the Committee.

Next Meeting

The next meeting of the Advisory Committee is scheduled for Monday, May 21, 2012, at 10:00 a.m. at the Sussex County West Administrative Complex, 22215 North DuPont Boulevard, Georgetown, Delaware.

Adjournment

A Motion was made by Mr. Williams, seconded by Mr. Moore, to adjourn at 11:47 a.m. Motion Adopted by Voice Vote.

Respectfully submitted,

Anna Short, Secretary

Advisory Committee on Aging and Adults
with Physical Disabilities for Sussex County

SWW